| _All information is required to be provided  |         |                   |  |                           |            |                                |  |
|--|---------|-------------------|--|---------------------------|------------|--------------------------------|--|
| APPLICATION FOR A PLACE  | ON THE  | MAY               | 6,2017   | GENER                     | AL ELECTIO | N BALLOT                       |  |
| TO: City Secretary/Secretary of Board  |         |                   |  |                           |            |                                |  |
| I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.   |         |                   |  |                           |            |                                |  |
| OFFICE SOUGHT (Include any place number or other distinguishing number, if any.)  INDICATE TERM  |         |                   |  |                           |            |                                |  |
|  |         |                   |  |                           |            |                                |  |
| Ciry of SAN ANTONIO MAYOR DINEXPIRED   |         |                   |  |                           |            |                                |  |
| FULL NAME (First, Middle, Last)  PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOPS  |         |                   |  |                           |            |                                |  |
| JUAN M. MEDINA   |         |                   | Transa Medinas   |                           |            |                                |  |
| PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural  |         |                   | PUBLIC MAILING ADDRESS (Campaign mailing address, if available.) |                           |            |                                |  |
| Route. If you do not have a residence address, describe the address  |         |                   |  |                           |            | 33, ii uvullabic.j             |  |
| at which you receive personal mail and location of residence.)   |         |                   |  |                           |            |                                |  |
| 5 TURIN CT   | 3000 It | 3000 IH-10 West   |  |                           |            |                                |  |
| 5 1002100 01   |         |                   |  |                           |            |                                |  |
|  |         |                   |  |                           |            |                                |  |
| C171   | T c==== | 710               | OTTO!  |                           | l e===     | T-10                           |  |
| CITY   | STATE   | ZIP               | CITY   |                           | STATE      | ZIP                            |  |
| SON ANTONIO  | TX      | 78257             | SAW ANTON  | 7                         | 1X         | 198501                         |  |
| PUBLIC EMAIL ADDRESS (If available)  | OCCUP   | ATION (Do not lea | ave blank) DATE OF BIRTH   |                           | VOTER REGI | STRATION VUID                  |  |
| mmeding @  | _       |                   |  |                           |            | NUMBER (Optional) <sup>1</sup> |  |
| meding sumayor. con ENGINEER 10/24/69 1167361274   |         |                   |  |                           |            |                                |  |
| TELEPHONE CONTACT INFORMATION (Optional) LENGTH OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN   |         |                   |  |                           |            |                                |  |
| nome.  |         |                   |  | IN TERRITORY ELECTED FROM |            |                                |  |
| Work(20) 430 - 7943  |         |                   | 26 year (s) 20 year (s)  |                           | (s)        |                                |  |
|  |         |                   | \ month(s)   |                           | month(s)   |                                |  |
| Cell:  |         |                   |  |                           |            |                                |  |
| that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been  |         |                   |  |                           |            |                                |  |
| commonly known by this nickname for at least three years prior to this election.   |         |                   |  |                           |            |                                |  |
| Before me, the undersigned authority, on this day personally appeared (name)   |         |                   |  |                           |            |                                |  |
| here and now duly sworn, upon oath says:   |         |                   |  |                           |            |                                |  |
|  |         |                   |  |                           |            |                                |  |
| "I, (name) MAN UM MED IN M OF MEX HR County, Texas, being a candidate for the office of Circ of San Anbara MAY or swear that I will support and defend the Constitution and laws   |         |                   |  |                           |            |                                |  |
| of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of  |         |                   |  |                           |            |                                |  |
| this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other  |         |                   |  |                           |            |                                |  |
| official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or   |         |                   |  |                           |            |                                |  |
| partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code.  |         |                   |  |                           |            |                                |  |
| I further swear that the foregoing statements included in my application are in all things true and correct."  |         |                   |  |                           |            |                                |  |
| I I I I I I I I I I I I I I I I I I I  |         |                   |  |                           |            |                                |  |
| the state of the s |         |                   |  |                           |            |                                |  |
| SIGNATURE OF CANDIDATE OF CANDI |         |                   |  |                           |            |                                |  |
| Sworn to and subscribed before me at, this the day of  |         |                   |  |                           |            |                                |  |
| Muland Alland  |         |                   |  |                           |            |                                |  |
| MUMA UNLYWO TOUTHER TO |         |                   |  |                           |            |                                |  |
| Signature of Officer Administering Oath Title of Officer Administering Oath  |         |                   |  |                           |            |                                |  |
| TO BE COMPLETED BY CITY SECRETARY OR SECRETARY OF BOARD:  (See Section 1.007)  1-27-17   |         |                   |  |                           |            |                                |  |
| Date Received Signature of Secretary   |         |                   |  |                           |            |                                |  |
| Voter Registration Status Verified 💟   |         |                   |  |                           |            |                                |  |